midway between the malleoli. From this point an incision was carried forwards, over the side of the instep, in a semicircular direction, and then downwards to the middle line of the foot, terminating immediately in front of the ball of the hee . The extremities of this incision were met by another and a similar one on the outer aspect of the joint, the second one terminating where the first had been commenced. The flaps were then dissected backwards,—the tendo-Achillis was easily divided at its attachment to the os calcis,—and the separation of the foot was readily accomplished. The malleoli were removed by the saw, and along with them about one-eighth of an inch of the lower end of the tibia, although the cartilaginous surface of the latter was not diseased. The anterior tibial and external plantar arteries were tied. After the introduction of the sutures, which were five in number, the flaps covered the bone completely, and the flesh of the ball of the heel was situated, as in the antero-posterior flap operation, below the extremities of the bones. A bandage was then applied to support the stump. The flaps united almost entirely by the first intention, and a month afterwards the patient could rest his weight on the stump; the ball of the heel continued to form an excellent cushion beneath the ends of the bones; the cicatrix was situated vertically on the forepart of the stump; it did not exceed two inches in length; and the leg was only an inch and a half shorter than the other, so that the patient could walk easily with a high-heeled padded shoe.

This operation is inapplicable in some instances, as in severe injuries at the ankle-joint with extensive contusion and laceration of the soft parts, or acute gangrene of the foot, &c., and therefore it cannot entirely supersede amputation of the leg; still it has been performed in more than twenty cases in Edinburgh, all the patients, except one, recovering, and no doubt can be entertained that it is less dangerous to life. It has many advantages over Mr. Syme's method; the flaps meeting vertically in front—the facility afforded of incising the pad of the heel, if necessary, backwards from the point where the two antero-lateral incisions meet—there being no danger from sloughing, since the posterior tibial artery is not divided—the operation being much more easily and rapidly performed—and the readiness with which, should suppuration take place, the matter drains from the lower commissure of the flaps,—are particularly enumerated. In separating the malleoli, it is better to employ the saw than the cutting pliers, as a thin slice of the lower end of the tibia ought always to be removed.—*Ibid.*

47. *New Form of Varicose Aneurism.*—M. Berard describes (*Gaz. Méd. de Paris*, June 7th, 1845), a variety of varicose aneurism in which the tumour, instead of forming a direct passage of communication between the two vessels, constitutes a sort of diverticulum on the parietes of the vein, at a distance from the artery, while a communication exists through the parietes of the vein contiguous to the artery into the latter vessel, as in the aneurismal varix. The case of a man whose brachial artery was wounded in bleeding is given. After having emptied the sac of the fluid blood and clots which it contained, M. Bérard placed a ligature on the artery two centimetres above the point whence the blood escaped at the bottom of the wound. Still, blood continued to flow,—black when the artery was compressed, both arterial and venous when the compression was removed. It was now ascertained that deep down the artery presented on its anterior parietes a large wound, nearly transverse, more than half way across the vessel. The posterior parietes of the vein presented a wound exactly corresponding with that in the artery. On the anterior parietes of the vein a third wound was discovered, exactly similar to the two former, and in the front of the vein there was an aneurismal sac. Thus the sac received the blood of the artery, mediately. Adhesion between the vein and artery below the puncture rendered it necessary to include them in the same ligature, when all hemorrhage instantly ceased.

M. Bérard believes this form of varicose aneurism exists much more frequently than that intermediate between the vein and artery, although not hitherto described.—*Ibid.*

48. *Early operation for Hare-lip.*—In the No. of this Journal for July, 1842, p. 188, we gave an abstract of a communication made to the Surgical Society of Ireland, by Dr. Houston, the object of which was to show the expediency of ope-

rating very early for hare-lip. In a subsequent communication to the same Society, Dr. H. adduced some further evidence in support of his views. (See this Journal for Oct. 1843, p. 478.) Dr. HULLIHEN of Wheeling, also advocates the same doctrine, (see this Journal for Oct. 1844, p. 547,) and still more recently, M. P. DUBOIS, in a paper read before the French Academy of Medicine, on the 27th of May last, adduces his experience in its favour. He details a considerable number of cases of infants operated on by himself or his friends, at intervals varying from a few minutes, to several days or weeks after birth, and all of which had proved completely successful. Dr. DAWSON advocates, also, the same practice, and relates, in the *Dublin Medical Press*, for March 23d, 1842, a case in which he operated successfully on a child four days old, and in the same Journal (Dec. 3d, 1845,) the following, in which he operated with the most satisfactory result, on a child seven hours old.

"At nine o'clock on the morning of Wednesday, the 18th of September last, Mrs. Irwin was delivered of a fine healthy girl, which, on examination, was found to have a hare-lip on the left side without any fissure of palate. The mother being very delicate, it was at once agreed that she should not see her offspring (the first) until the deformity should be removed. I was requested to operate, which I performed in the usual way at four P. M., exactly seven hours after its birth. The pins I removed in forty-eight hours after the operation, and in two days more (Sunday) the union was so perfect, that the adhesive straps were removed, and then, for the first time, was it exhibited to its mother, who could scarcely credit us when told all that had occurred. The loss of blood was trifling, but to guard against the possibility of any finding its way into the stomach, I placed a slice of sponge inside the gums. I should add, that up to the present time the child is in the best of health, and confirms me in my determination to operate in similar cases soon after birth."

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49. *Ovarian Dropsy.*—Dr. BENNET read to the Medico-Chirurgical Society of Edinburgh, December 3d, 1846, a paper on Ovarian Dropsy. From several cases of this disease which he had observed, followed by careful post-mortem examinations, he endeavoured to show, that the fluid so frequently found in the cavity of the peritoneum, was secreted from the interior of the tumour in the following manner:—The cystic tumour of the ovary, at an early period of its development, is crowded with secondary cysts. These become expanded, and at last burst into each other, so that at an advanced period it consists of only a few or even one large cyst. In some rare cases, the external wall of the tumour contracts adhesions to the peritoneum throughout, an example of which was given. In the generality of instances, however, ulceration takes place in the walls of the cyst, the secreted fluid passes through the opening so made, into the cavity of the peritoneum, and there accumulates.

The structure of these cystic tumours consists, 1st, of a dense fibrous envelop; 2d, of numerous secondary cysts, varying in size. They are all richly furnished with blood-vessels, and are lined internally with a distinct layer of epithelial cells. These cells, as the cysts expand and burst, escape through the ulcerated openings with the fluid. They constitute the floccule seen in the viscid fluid removed by tapping. They are easily distinguished microscopically from the known structure of lymph, and their detection is, in the author's opinion, capable of being made diagnostic in certain cases. Dr. Bennet further thought, that the uterine sound of Dr. Simpson greatly facilitated the diagnosis of ovarian and uterine tumours.

The author then read the details of a case in which, at his request, Dr. Handyside had performed ovariotomy, both ovaries being removed. It terminated fatally on the 70th day.—*Northern Journal of Med.*, Jan., 1846.

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50. *Foreign Body in the Tongue for Thirty-two Years.*—Dr. Krähe relates in *Med. Zeit. v. d. Verein für Heilk. in Prussen*, (xiv. Jahrg. 1845, No. 32,) the case of a German soldier who was wounded in the battle of Gross-Görschen (2d May, 1813) by a musket ball, which penetrated the left cheek, carrying away the four last molars of the upper jaw, and, passing through the tongue, made its exit through the left cheek, carrying away several teeth of the left side of the under jaw. The wounds healed in six weeks, and, except the loss of the teeth, no other deformity